Fill	in this info	ormation to identify yo	our case:				
Deb	tor 1	Charles Burton		Leat News			
Deb	tor 2	First Name	Middle Name	Last Name			
(Spot	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States I	Bankruptcy Court for the	e: SOUTHERN DISTRICT	OF MISSISSIPPI			
Cas (if kno	e number	17-01550				☐ Check	if this is an
						ameno	ded filing
~"	<b></b>	4000					
		form 106Sum	a and Liabilities ar	d Cartain Statiation	l Information		
				are filing together, both are			2/15
infor	mation. Fi	ill out all of your schee	dules first; then complete th	e information on this form. If the box at the top of this pa	you are filing amend		
						Your as	ssets f what you own
1.	Schedule 1a. Copy	e A/B: Property (Officia line 55, Total real estat	ll Form 106A/B) e, from Schedule A/B			\$	0.00
	1b. Copy	line 62, Total personal	property, from Schedule A/B			\$	90,913.00
	1с. Сору	line 63, Total of all prop	erty on Schedule A/B			\$	90,913.00
Part	2: Sum	nmarize Your Liabilitie	s				
						Your lia	abilities you owe
2.			e Claims Secured by Property olumn A, Amount of claim, at	(Official Form 106D) the bottom of the last page of P	art 1 of Schedule D	\$	49,806.00
3.			ve Unsecured Claims (Officia art 1 (priority unsecured claim	l Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	=	\$	1,038.00
	3b. Сору	the total claims from P	art 2 (nonpriority unsecured c	laims) from line 6j of Schedule	E/F	\$	40,686.00
					Your total liabilities	\$	91,530.00
Part	3: Sum	nmarize Your Income a	and Expenses			1	
4.		e I: Your Income (Official or combined monthly inc		<i>I</i>		\$	3,561.00
5.		J: Your Expenses (Offi or monthly expenses from				\$	2,325.00
Part	4: Ans	wer These Questions	for Administrative and Stati	stical Records			
6.			nder Chapters 7, 11, or 13? port on this part of the form. C	heck this box and submit this fo	orm to the court with yo	ur other sch	edules.
	■ Yes						

- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Charles Burton Knight

Case number (if known) 17-01550

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_5,044.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total o	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,038.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,038.00

				_	
Fill in this in	formation to identify you	ur case and this filing:			
Debtor 1	<b>Charles Burton</b>				
D. I	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
	Bankruptcy Court for the	: SOUTHERN DISTRICT OF MISS	SISSIPPI		
Case number	17-01550		-		Check if this is an amended filing
Official I	Form 106A/B				
Sched	ule A/B: Pro	perty			12/15
		ribe items. List an asset only once. If a	n asset fits in more than one category	list the asset in th	e category where you
information. If Answer every o	more space is needed, attac question.	rrate as possible. If two married people ch a separate sheet to this form. On the ing, Land, or Other Real Estate You Ow	e top of any additional pages, write yo		
1. Do you own	or have any legal or equita	ble interest in any residence, building,	land, or similar property?		
■ No. Go to	Part 2.				
_	ere is the property?				
<b>—</b> 100. Will	ore to the property.				
Part 2: Desci	ribe Your Vehicles				
someone else	drives. If you lease a veh	quitable interest in any vehicles, vicle, also report it on Schedule G: Exutility vehicles, motorcycles			icles you own that
☐ No					
■ Yes					
3.1 Make:	GMC	Who has an interest in the			ns or exemptions. Put claims on Schedule D:
Model:	Sierra	■ Debtor 1 only			S Secured by Property.
Year:	2013	☐ Debtor 2 only	Currer	nt value of the	Current value of the
Approx	imate mileage:	☐ Debtor 1 and Debtor 2 c			portion you own?
Other in	nformation:	At least one of the debto			
		Check if this is commu	unity property	\$16,000.00	\$16,000.00
3.2 Make:	Lincoln	Who has an interest in the			ns or exemptions. Put
Model:	Towncar	Debtor 1 only	tne am		claims on Schedule D: Secured by Property.
Year:	2004	Debtor 2 only			
	imate mileage:	Debtor 1 and Debtor 2 of			Current value of the portion you own?
	nformation:	☐ At least one of the debte	····)		
		= 7 th loads one of the debit			
		☐ Check if this is commu	unity property	\$1,500.00	\$1,500.00

(see instructions)

D	ebtor 1 (	Charles Burt	ton Knight			Case number (if	known) <b>17-</b> (	01550
					rehicles, other vehicles, as, snowmobiles, motorcycle		S	
	□ No							
	■ Yes							
4	4.1 Make:	Club Car		Who has an interest in	n the property? Check one			laims or exemptions. Put
	Model:	Golf Cart		Debtor 1 only				ed claims on Schedule D: ims Secured by Property.
	Year:			Debtor 2 only			alue of the	Current value of the
				Debtor 1 and Debto	•	entire pro	perty?	portion you own?
	Other in	formation:		At least one of the o		¢	2,500.00	\$2,500.00
				Check if this is con (see instructions)	mmunity property	Φ	2,300.00	φ2,300.00
-								
_								
5					es from Part 2, including		=>	\$20,000.00
	μg,							
Pa	art 3: Descr	ibe Your Perso	nal and Household I	tems				
D	o you own	or have any le	egal or equitable ii	nterest in any of the fol	lowing items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Examples:	l goods and for Major applian		s, china, kitchenware				·
	□ No							
	Yes. De	escribe						
			Various applia	nces, electronics, an	nd furniture			\$1,000.00
						<u> </u>		
7.	Electronics Examples:  No Yes. De	Televisions are including cell		deo, stereo, and digital e media players, games	quipment; computers, prin	ters, scanners; r	music collecti	ons; electronic devices
8.	Collectible Examples:  No Yes. De	Antiques and other collection	figurines; paintings ons, memorabilia, c		books, pictures, or other a	art objects; stam	p, coin, or ba	seball card collections;
			Misc. music an	d decorations				\$100.00
								· · · · · · · · · · · · · · · · · · ·
9.		musical instru	graphic, exercise, a	and other hobby equipme	ent; bicycles, pool tables, g	golf clubs, skis; c	anoes and ka	ayaks; carpentry tools;
			Misc games to	elephones, cameras				\$100.00
			wiise games, te	riephones, cameras				φ100.00
10	■ No	·	s, shotguns, ammur	nition, and related equipn	nent			
	☐ Yes. De	escribe						
11	. <b>Clothes</b> Examples □ No	s: Everyday clo	othes, furs, leather o	coats, designer wear, sho	oes, accessories			

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De	ebtor 1	Charles Bur	ton Knight		Case number	er (if known)	17-01550
	Yes.	Describe					
			Clothing				\$500.00
			Clouming				
12.	□ No		welry, costume jewelry, e	ngagement rings, wedding	rings, heirloom jewelry, watch	nes, gems, ç	gold, silver
			Misc Jewelry				\$150.00
	Examp ■ No	rm animals bles: Dogs, cats,	birds, horses				
14.	Any otl ☐ No	ner personal an	d household items you	did not already list, includ	ding any health aids you did	d not list	
	Yes.	Give specific inf	ormation				
			Zero Turn Mower				\$3,500.00
	for Pa	ert 3. Write that	number here	m Part 3, including any ei	ntries for pages you have at	ttached	\$5,350.00
		scribe Your Finan					
Do	you ow	n or have any l	egal or equitable interes	st in any of the following?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	■ No		have in your wallet, in you		ox, and on hand when you file	e your petiti	on
				accounts; certificates of de unts with the same institution	posit; shares in credit unions, on, list each.	brokerage	houses, and other similar
	_			Institution name	:		
			17.1.	Rivertrust FC	U		\$1,000.00
			or publicly traded stock investment accounts with	s <b>s</b> h brokerage firms, money n	narket accounts		
			Institution or iss	suer name:			
19.	joint v		ock and interests in inc	orporated and unincorpo	rated businesses, including	g an interes	st in an LLC, partnership, and
	■ No						
	⊔ Yes.	Give specific inf	ormation about them Name of entity:		% of owne	rship:	
20.				negotiable and non-negoti , cashiers' checks, promisso	able instruments bry notes, and money orders.		

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

D	ebtor 1	Charles Bur	rton Knight		Case number (if known)	17-01550
	■ No					
	_	Give specific inf	formation about them			
	<b>—</b> 103.	Oive specific in	Issuer name:			
		_				
21		ment or pensior		k) 403(b) thrift savings accoun	nts, or other pension or profit-sharing	nlans
	□ No		, =,	.,, 100(2), 02190 20004.	me, er emer perierer er prem emannig	F14.10
	Yes.	List each accou	nt separately.			
			Type of account:	Institution name:		
			401(k)	Fidelity Loan		\$37,399.00
				Merrill Lynch, Er Program (ESOP)	mployee Stock Ownership )	\$12,164.00
22		ty deposits and				
				e so that you may continue ser	rvice or use from a company s, water), telecommunications compan	ies or others
	■ No	prod. Agreement	o with landiords, propaid to	orn, public dilities (clockle, gae	, water), telecommunications company	iios, or othero
	☐ Yes.			Institution name or i	individual:	
23	R ∆nnuit	t <b>ies</b> (A contract f	or a periodic payment of m	noney to you, either for life or fo	or a number of years)	
20	■ No	iles (71 contract 1	or a periodic payment or m	ioney to you, ounor for me or to	of a fidiliser of years)	
	☐ Yes	ls	ssuer name and description	n.		
24			ion IRA, in an account in 529A(b), and 529(b)(1).	a qualified ABLE program, o	or under a qualified state tuition pro	gram.
	■ No					
	☐ Yes	lr	nstitution name and descrip	otion. Separately file the record	ds of any interests.11 U.S.C. § 521(c):	
25	. Trusts	, equitable or fι	uture interests in property	y (other than anything listed	in line 1), and rights or powers exe	rcisable for your benefit
	■ No					
	☐ Yes.	Give specific in	formation about them			
26		, , , ,	,	s, and other intellectual proportions from royalties and licens	•	
	■ No					
	☐ Yes.	Give specific in	formation about them			
27			and other general intang		gs, liquor licenses, professional license	es
	■ No	31		,	, , , , , , , , , , , , , , , , , , , ,	
	☐ Yes.	Give specific in	formation about them			
N	loney or	property owed	to you?			Current value of the
	-					portion you own? Do not deduct secured claims or exemptions.
28	B. Tax ref	funds owed to y	you			
	■ No					
	☐ Yes.	Give specific inf	ormation about them, inclu	uding whether you already filed	I the returns and the tax years	
29		support	e lumpo o una altima a sus an	ol ourport shild surrout st	tonono divorce callere de la constante de la c	cottlement
	Exam <sub>i</sub> ■ No	pies. Past due of	iump sum ailmony, spous	ы эпрроп, спіїа support, main	tenance, divorce settlement, property	Semement
		Give specific inf	formation			

De	ebtor 1	Charles Burton Knight		Case number (if known	n) <u>17-01550</u>
30.		amounts someone owes you ples: Unpaid wages, disability in benefits; unpaid loans you		benefits, sick pay, vacation pay, workers' comp	pensation, Social Security
	■ No □ Yes.	Give specific information			
31.	Interes	sts in insurance policies	bashbasadan		
	■ No	pies: Health, disability, or life in	surance; nealth savings accor	unt (HSA); credit, homeowner's, or renter's insur	ance
	☐ Yes.	Name the insurance company Compar		e. Beneficiary:	Surrender or refund value:
32.	If you somed	terest in property that is due are the beneficiary of a living tr one has died.  Give specific information		s died fe insurance policy, or are currently entitled to re	eceive property because
33.	Exam <sub>l</sub> ■ No	s against third parties, wheth ples: Accidents, employment di		wsuit or made a demand for payment ights to sue	
34.	□ No		claims of every nature, inclu	uding counterclaims of the debtor and rights	to set off claims
	■ Yes.	Describe each claim			_
			State Income Tax Refu	nd	\$5,000.00
			Federal Income Tax Re	efund	\$5,000.00
			Earned Income Tax Cro	edit	\$5,000.00
35.	■ No	nancial assets you did not all	eady list		
36		the dollar value of all of your art 4. Write that number here		ng any entries for pages you have attached	\$65,563.00
Pa	rt 5: De	escribe Any Business-Related Pro	perty You Own or Have an Inte	rest In. List any real estate in Part 1.	
١	No. Go	<b>own or have any legal or equitab</b> o to Part 6.	e interest in any business-relat	ed property?	
	☐ Yes. (	Go to line 38.			
Pa		escribe Any Farm- and Commerci you own or have an interest in farml		ı Own or Have an Interest In.	
46.	■ No.	u own or have any legal or ed Go to Part 7. s. Go to line 47.	uitable interest in any farm-	or commercial fishing-related property?	
Pa	rt 7:	_	or Have an Interest in That Yo	u Did Not List Above	

Deb	Charles Burton Knight		Case number (if known)	17-01550
_	Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No			
	l Yes. Give specific information			
	Too. Give speeding information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
			l	
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$20,000.00		<del></del>
57.	Part 3: Total personal and household items, line 15	\$5,350.00		
58.	Part 4: Total financial assets, line 36	\$65,563.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$90,913.00	Copy personal property to	otal <b>\$90,913.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$90,913.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Charles Burton K	night		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number	17-01550			
(if known)				☐ Check if this is an amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exem	pt
---	----

١.	which set of exemptions are you claiming? Check one only, ev	en ir your spouse is tiling with you.
	■ You are claiming state and federal nonbankruptcy exemptions.	11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2004 Lincoln Towncar Line from Schedule A/B: 3.2	\$1,500.00		\$3,000.00	Miss. Code Ann. § 85-3-1(a)
Line nom Schedule A/D. 3.2			100% of fair market value, up to any applicable statutory limit	
Various appliances, electronics, and furniture	\$1,000.00		\$1,000.00	Miss. Code Ann. § 85-3-1(a)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Misc. music and decorations Line from Schedule A/B: 8.1	\$100.00		\$100.00	Miss. Code Ann. § 85-3-1(a
			100% of fair market value, up to any applicable statutory limit	
Misc games, telephones, cameras Line from Schedule A/B: 9.1	\$100.00		\$100.00	Miss. Code Ann. § 85-3-1(a)
Ellio IIolii Gorieddie 70 B. G. I			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a)
LINE HOITI SCHEUUIE AVD. I I.I			100% of fair market value, up to	

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Dept	or 1 Charles Burton Knight			Case number (if known)	17-01550
	Brief description of the property and Schedule A/B that lists this property	line on Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Misc Jewelry Line from Schedule A/B: 12.1	\$150.00		\$150.00	Miss. Code Ann. § 85-3-1(a)
	Line Holl Schedule A.B. 12.1			100% of fair market value, up to any applicable statutory limit	
	401(k): Fidelity Loan Line from Schedule A/B: 21.1	\$37,399.00		100%	Miss. Code Ann. § 85-3-1(e)
	Line Holli Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
-	State Income Tax Refund ine from Schedule A/B: 34.1	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(k)
L	Line from S <i>criedule A/B</i> : <b>34.1</b>			100% of fair market value, up to any applicable statutory limit	
_	Federal Income Tax Refund ine from Schedule A/B: 34.2	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(j)
L	Line from Schedule AVB. 34.2			100% of fair market value, up to any applicable statutory limit	
_	Earned Income Tax Credit	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(i)
	Line Holl Schedule A/B. 34.3			100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead e (Subject to adjustment on 4/01/19			iled on or after the date of adjustmen	t.)
ı	No				
[	☐ Yes. Did you acquire the prop	erty covered by the exemption wi	ithin 1	,215 days before you filed this case?	
	□ No				
	☐ Yes				

Fill in this information to identify you	ır case:			
• •				
Debtor 1 Charles Burton First Name	Knight  Middle Name  Last Name	1	-	
Debtor 2				
(Spouse if, filing) First Name	Middle Name Last Name	1	-	
United States Bankruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPP	I		
Case number <b>17-01550</b>				
(if known)			☐ Check	if this is an
			_	ded filing
000				
Official Form 106D				
Schedule D: Creditors	s Who Have Claims Secur	ed by Propert	:y	12/15
	If two married people are filing together, both are out, number the entries, and attach it to this forn			
1. Do any creditors have claims secured by	y your property?			
☐ No. Check this box and submit t	his form to the court with your other schedules	s. You have nothing else	to report on this form.	
Yes. Fill in all of the information	below	-		
Part 1: List All Secured Claims	bolow.			
		Column A	Column B	Column C
	more than one secured claim, list the creditor separa s a particular claim, list the other creditors in Part 2. <i>I</i>		Value of collateral	Unsecured
much as possible, list the claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Ally Financial	Describe the property that secures the claim:	\$28,379.00	\$16,000.00	\$0.00
Creditor's Name	2013 GMC Sierra			
D.O. Boy 200004	As of the date you file, the claim is: Check all that	_  t		
P.O. Box 380901 Bloomington, MN 55438	apply.			
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
rumbor, otroot, only, otate a 21p oode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or	r secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	1)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)	se Money Security		
community debt				
Date debt was incurred 7/7/2016	Last 4 digits of account number 243	86		
2.2 Fidelity Investments	Describe the property that secures the claim:	\$13,060.00	\$37,399.00	\$0.00
Creditor's Name	401(k): Fidelity Loan	Ψ13,000.00	Ψ37,399.00	Ψ0.00
	401(k). I identy Loan			
	As of the data you file the claim is: Ob at all the			
900 Salem St	As of the date you file, the claim is: Check all that apply.	I .		
Smithfield, RI 02917	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
_	☐ An agreement you made (such as mortgage or	r secured		
■ Debtor 1 only □ Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	n)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	•,		
☐ Check if this claim relates to a community debt		ent Account		
Date debt was incurred	Last 4 digits of account number			

Official Form 106D

Debtor 1 Charles Burton Knight		Case number (if know) 17-01550			
First Name Middle N	lame Last Name				
2.3 Sheffield Financial	Describe the property that secures the	e claim:	\$4,643.00	\$3,500.00	\$1,143.00
Creditor's Name	Zero Turn Mower			<u> </u>	
Po Box 1847	As of the date you file, the claim is: Ch	neck all that			
Wilson, NC 27894	apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mo	ortgage or se	ecured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	anic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit	)ahaaa	Manay Casurity		
☐ Check if this claim relates to a community debt	Other (including a right to offset)	rurchase	Money Security		
Date debt was incurred 3/18/2016	Last 4 digits of account numbe	er 9207			
2.4 YAMAHA CREDIT	Describe the property that secures the	e claim:	\$3,724.00	\$2,500.00	\$1,224.00
Creditor's Name	Club Car Golf Cart				
90 CHRISTIANA RD	As of the date you file, the claim is: Ch	neck all that			
New Castle, DE 19720	apply.				
Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated				
Hamber, Street, Only, State a zip Sout	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mo	ortgage or se	ecured		
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	anic's lien)			
lacksquare At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Purchase	Money Security		
Date debt was incurred	Last 4 digits of account numbe	er			
Add the dollar value of your entries in 0	Column A on this page. Write that number	er here:	\$49,806	.00	
If this is the last page of your form, add	: <del>-</del>		\$49,806		
Write that number here:			Ψ-3,000	.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed				
Use this page only if you have others to I trying to collect from you for a debt you than one creditor for any of the debts that debts in Part 1, do not fill out or submit the	owe to someone else, list the creditor in it you listed in Part 1, list the additional o	Part 1, and	then list the collection age	ncy here. Similarly, if yo	u have more
Name, Number, Street, City, State &	Zip Code	On wh	ich line in Part 1 did you ente	er the creditor? _2.3_	
BB&T PO Box 1704 Clemmons, NC 27012		Last 4	digits of account number	-	

Fill in t	his infor	mation to identify your ca	se:				
Debtor	1	Charles Burton Kni	ght				
		First Name	Middle Name	Last Name			
Debtor		First Name	Middle Norse	Last Name			
(Spouse i	r, ming)	First Name	Middle Name	Last Name			
United	States Ba	ankruptcy Court for the:	SOUTHERN DISTRIC	CT OF MISSISSIPPI			
Case n	umber	17-01550					
(if known)		17-01330				☐ Check	if this is an
						amend	ed filing
O((; · ;		400E/E					
		<u>n 106E/F</u>					40/45
Sche	dule E	/F: Creditors Wh	o Have Unsec	cured Claims			12/15
left. Atta	ch the Cor			space is needed, copy the Part tion to report in a Part, do not f			
Part 1:	List A	II of Your PRIORITY Unse	cured Claims				
1. Do	any credit	ors have priority unsecured o	laims against you?				
	No. Go to F	Part 2.					
•	Yes.						
ider pos	ntify what ty sible, list th	pe of claim it is. If a claim has I	ooth priority and nonprior according to the creditor's	in one priority unsecured claim, lis rity amounts, list that claim here a s name. If you have more than tw creditors in Part 3.	nd show both priority a	nd nonpriority amount	s. As much as
(For	r an explan	ation of each type of claim, see	the instructions for this	form in the instruction booklet.)	Total claim	Priority	Nonpriority
	ına				44 000 00	amount	amount
2.1	IRS Priority Cr	reditor's Name	Last 4 digits	of account number	\$1,038.00	\$1,038.00	\$0.00
	Po Box		When was th	ne debt incurred?			
		elphia, PA 19101-7346 Street City State Zlp Code		to you file the eleim is Chook o	all that apply		
w		d the debt? Check one.	☐ Continger	te you file, the claim is: Check a	ш тат арру		
	Debtor 1		_				
	_	•	☐ Unliquidat	led			
	Debtor 2	•	☐ Disputed	DDITY			
		and Debtor 2 only		ORITY unsecured claim:			
		ne of the debtors and another	_	support obligations			
		this claim is for a community	_	d certain other debts you owe the	•		
	_	subject to offset?		r death or personal injury while yo	ou were intoxicated		
	No		☐ Other. Sp		stad) Dahtar has	filed on	
	Yes			2016 Taxes (Estima	ated) Deptor has	med an	

extension for 2016 Filings.

Debto	Charles Burton Knight		Case number (if know)	17-01550	
2.2	Miss State Tax Comm	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Bankruptcy Section Po Box 22808 Jackson, MS 39225	When was the debt incurred?		-	
	Number Street City State Zlp Code	As of the date you file, the claim is:	Check all that apply		
١	Who incurred the debt? Check one.	☐ Contingent	11,7		
1	Debtor 1 only	☐ Unliquidated			
ı	Debtor 2 only	☐ Disputed			
ı	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
ı	☐ Check if this claim is for a community debt	Taxes and certain other debts you	owe the government		
- 1	s the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated		
ı	No	☐ Other. Specify			
I	☐ Yes	Notice Only			
<b>4. Li</b> ur tha	Yes.  st all of your nonpriority unsecured claims in the isecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other art 2.	aim. For each claim listed, identify what t	type of claim it is. Do not list cl	aims already included ir laims fill out the Continu	Part 1. If more
4.1	Capital One/ Yamaha	Last 4 digits of account number	3666		\$3,724.00
	Nonpriority Creditor's Name PO Box 30253 Salt Lake City, UT 84130	When was the debt incurred?	12/9/2015		<b>40,</b> 1 = 1100
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce the	nat you did not	
	No	☐ Debts to pension or profit-sharin	ng plans, and other similar deb	ts	
	□Yes	Other. Specify Charge Acc	count		

Debto	<sup>r 1</sup> Charles Burton Knight	Case number (if know) 17-01550	
4.2	Chase/Bank One Card	Last 4 digits of account number 3615	\$853.00
	Nonpriority Creditor's Name PO Box 15298	When was the debt incurred? 9/1/2015	
	Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
		_	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	☐ Yes	■ Other. Specify Credit card purchases	
4.3	Chase/Bank One Card	Last 4 digits of account number 0752	\$4,103.00
	Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850	When was the debt incurred? 5/1/2015	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.4	Chex Systems Inc	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name consumer relations	When was the debt incurred?	
	7805 hudson rd #100 Saint Paul, MN 55125 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice Only	

Case number (if know) 17-01550	
Last 4 digits of account number 7311	\$1,662.00
When was the debt incurred? 3/29/2016	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
lacksquare Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify Charge Account	
Last 4 digits of account number	\$0.00
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
lacksquare Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify Notice only	
Last 4 digits of account number	\$0.00
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
lacksquare Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify Notice only	
	Last 4 digits of account number 7311  When was the debt incurred? 3/29/2016  As of the date you file, the claim is: Check all that apply    Contingent   Unliquidated   Disputed Type of NONPRIORITY unsecured claim:   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   Charge Account

Debto	1 Charles Burton Knight	Case number (if know) 17-0	01550
4.8	SYNCB/Amazon	Last 4 digits of account number 3371	\$3,661.00
	Nonpriority Creditor's Name P.O. Box 965015	When was the debt incurred? 10/31/2013	
	Orlando, FL 32896  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you	ı did not
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Charge Account	
4.9	SYNCB/Care Credit	Last 4 digits of account number	\$3,455.00
	Nonpriority Creditor's Name P.O. Box 965036 Orlando, FL 32896	When was the debt incurred? 9/22/2008	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you report as priority claims	ı did not
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Charge Account	
4.1	Syncb/Lowes	Last 4 digits of account number 5245	\$3,117.00
	Nonpriority Creditor's Name P.O. Box 965005	When was the debt incurred? 1/2/2013	
	Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	Поли	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you	ı did not
	Is the claim subject to offset?	report as priority claims	raid not
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Charge Account	

Debtor	1 Charles Burton Knight		Case number (if know) 17-01550	
4.1	SYNCB/Paypal	Last 4 digits of account number	2593	\$3,166.00
	Nonpriority Creditor's Name P.O. Box 965005 Orlando, El 23206	When was the debt incurred?	9/9/2009	
	Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit card	purchases	
4.1	SYNCB/Wal-Mart Nonpriority Creditor's Name	Last 4 digits of account number	3521	\$3,330.00
	P.O. Box 965024 Orlando, FL 32896	When was the debt incurred?	10/14/2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other Specify Credit card	<del>-</del> •	
4.1	TD Bank USA/Target	Last 4 digits of account number	0617	\$1,220.00
3	Nonpriority Creditor's Name			Ψ1,220.00
	PO Box 1470	When was the debt incurred?	10/6/2006	
	Minneapolis, MN 55440  Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан так арру	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other, Specify Credit card	purchases	

Debt	or 1 Charles Burton Knight	Case number (if know) 17-01550	
4.1 4	Telecheck	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 5251 Westheimer Houston, TX 77056	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice only	
4.1 5	The Home Depot/CBNA	Last 4 digits of account number 1100	\$3,580.00
	Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117-6497	When was the debt incurred? 9/8/2014	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Charge Account	
4.1 6	Tower Loan	Last 4 digits of account number 1905	\$994.00
	Nonpriority Creditor's Name P.O. Box 320001 Flowcod MS 20222	When was the debt incurred? 9/27/2016	
	Flowood, MS 39232  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other, Specify Unsecured Balance	

Debt	or 1 Charles Burton Knight		Case number (if know) 17-01	550
4.1 7	Transunion	Last 4 digits of account number		\$0.00
	Nonpriority Creditor's Name Po Box 1000	When was the debt incurred?		
	Crum Lynne, PA 19022  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you o	did not
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Notice only	1	
4.1 8	Upstart Network Inc	Last 4 digits of account number	L105	\$6,839.00
	Nonpriority Creditor's Name P.O. Box 61203 Palo Alto, CA 94306	When was the debt incurred?	7/30/2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you o	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured	Balance	
4.1	Wells Farms Cond Con		AEAE	
9	Wells Fargo Card Ser  Nonpriority Creditor's Name	Last 4 digits of account number	4545	\$982.00
	PO Box 14517 Des Moines, IA 50306	When was the debt incurred?	7/15/2015	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you o	did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit card	purchases	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Charles Burton Knight

IRS c/o David Usry US Attorney 501 E Court Ste 4.430 Jackson, MS 39201 Line 2.1 of (Check one):

Case number (if know) 17

17-01550

Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	1,038.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,038.00
				Т	otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		•	0.00
	C.I-	you did not report as priority claims	6g.	\$	
	6h.	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,686.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	40,686.00

Fill in this inform	Fill in this information to identify your case:										
Debtor 1	Charles Burton K										
	First Name	Middle Name	Last Name	_							
Debtor 2											
(Spouse if, filing)	First Name	Middle Name	Last Name	_							
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI								
Case number	17-01550										
(if known)	11 01000				Check if this is an amended filing						

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the , Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3	Oity		Oldic	Zii Gode	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

First Name Middle Name Last Name  Debtor 2 (Spouse if, filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI  Case number (if known) Check if this is an amended filling  Official Form 106H		rmation to identify your				
Debtor 2 Sposes I, Illing) First Name Middle Name Last Name    Check if this is an amended filing   Check if this is an amended fil	Debtor 1			Last Name		
Interest States Bankruptcy Court for the:   SOUTHERN DISTRICT OF MISSISSIPPI	Debtor 2	The Hame	imadio i tamo	2001110		
Case number 17-01550   Check if this is an amended filting		First Name	Middle Name	Last Name		
Difficial Form 106H Schedule H: Your Codebtors  12/ codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two marrieseople are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, wrour name and case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.  No Yes  2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person is in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Of Form 106D), Schedule E/F, or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G (Official Form 106G). Use Schedule E/F, or Schedule G (Official Form 106G). Use Schedule D, Schedule G, line    Schedule D, line   Schedule E/F, line   Schedule G, line   S	United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Difficial Form 106H Schedule H: Your Codebtors  12/ Schedule H: Wour And Italian Accurate as possible. If two marrie ecople are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pages on the left. Attach the Additional Page to this page. On the top of any Additional Pages, wrour name and case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.  No Yes  2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person is in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (O Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G out Column 2.  Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code    Schedule D, line   Schedule B, l		17-01550				
people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pages, wrour name and case number (if known). Answer every question.  1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.  No Yes  2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person is in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Or Form 106D), Schedule E/F, (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G (Orlumn 1: Your codebtor Name, Number, Street, City, State and ZIP Code    Schedule D, line   Schedule E/F, line   Schedule B, line   S	Schedul	e H: Your Cod				12/15
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Name, Number, Street, City, State and ZIP Code  Check all schedules that apply:    Schedule D, line   Schedule E/F, line   Schedule G, line   Schedule G, line   Schedule D, line   Schedule E/F, line   Schedule D, line   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule E/F, line   Schedule D, l	in line 2 aq Form 106I out Colum	gain as a codebtor only i )), Schedule E/F (Officia In 2.	f that person is a guaran	tor or cosigner. Make	sure you have listed th 16G). Use Schedule D, S	e creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
Number Street City State  ZIP Code  Schedule E/F, line Schedule G, line  Schedule D, line Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule G, line			IP Code			
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Number   Street   City   State   ZIP Code					, , ,	
Schedule D, line   Schedule E/F, line   Schedule G, line   Schedule						
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City State ZIP Code		er Street	Otata	710.0		

Fill	in this information to iden	tify your ca	ise:								
De	btor 1 Cha	rles Burt	on Knight			_					
1 -	btor 2					_					
Un	ited States Bankruptcy Co	ourt for the:	SOUTHERN DISTRIC	CT OF MISSISSIPPI		_					
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atta	use. If you are separated that a separate sheet to the separate sheet	his form. (		onal pages, write y				imber (if	known). <i>A</i>	Answer every	
	information.			Debtor 1						iling spouse	
	If you have more than o attach a separate page		Employment status	■ Employed				□ Empl	•		
	information about additi employers.			☐ Not employed				⊔ Not e	mployed		
	, ,		Occupation	Facilities Mana	iger						
	Include part-time, seaso self-employed work.	oriai, or	Employer's name	Irby Construct	ion						
	Occupation may include or homemaker, if it appl		Employer's address	318 Old Hwy 49 Richland, MS 3							
			How long employed t	here? 15 Yea	ars			_			
Pa	rt 2: Give Details A	About Mon	thly Income								
	imate monthly income as use unless you are separa		te you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. In	clude your no	n-filing
	ou or your non-filing spous re space, attach a separate			ombine the information	on for all e	empl	oyers for	that perso	on on the li	ines below. If	you need
							For Deb	otor 1		btor 2 or ing spouse	
2.			y, and commissions (balculate what the monthle		2.	\$	5,	044.00	\$	N/A	
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Incom	ne. Add lin	e 2 + line 3.		4.	\$	5,04	4.00	\$	N/A	

Sa. Tax, Medicare, and Social Security deductions   Sa. \$ 1,163.00 \$ N/A	Debtor	1 Charle	s Burton Knight	-	Case r	number (if known)	17-01	1550		
S. List all payroll deductions:					For	Debtor 1				
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement for plans 5c. Voluntary contributions for plans 5c. Voluntary contribution	С	opy line 4	here	4.	\$	5,044.00	\$		N/A	_
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Voluntary contributions for retirement plans 5.8. NiA 5.9. Insurance 5.9. \$ 29.00 \$ NIA 5.9. Insurance 5.9. \$ 29.00 \$ NIA 5.9. Union dues 5.9. \$ 0.00 \$ NIA 5.9. Union dues 5.9. \$ 0.00 \$ NIA 6. Add the payroll deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,483.00 \$ NIA 6. List all other income regularly receives: 8. Net income from rental property and from operating a business, profession, or farm. Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. No. Social Security 8. No. Social Security 8. Other government assistance that you, a non-filling spouse, or a dependent regularly foreory: 8. Social Security 8. Other government assistance that you required refeating the value (if known) of any non-cash assistance that you receives unifor a social Security 8. Other government assistance and the value (if known) of any non-cash assistance that you receives uniform share a food stamps benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8. Pension or retirement income 8. Defension or farm on the value (if known) of any non-cash assistance that you receive, such serior as food stamps benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8. Pension or retirement income 8. Defension or retireme	5. <b>L</b>	ist all payro	oll deductions:							
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5d. Required repayments of retirement fund loans 5e. Insurance 5e. 19.000 \$ N/A 5e. Domestic support obligations 5f. \$ 0.000 \$ N/A 5g. Union dues 5g. Union dues 5g. \$ 0.000 \$ N/A 5g. Union dues 5h. Other deductions. Specify: 5h. The reductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. 6. \$ 1,483.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,561.00 \$ N/A 8. List all other income regularly received: 8a. Not income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. Pension or retirement income. 8g. Pension or retirement income. 8d. Specify. Sestleance Program) or housing subsidies. 8g. Pension or retirement income. 8h. Other powernment assistance and the value (fix wown) of any non-cash assistance hind you receive, such as food stamps (benefits under the Supplemental Income. Specify: 8g. Pension or retirement income. 8g. Pension or retirement income. 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8g. Pension or retirement income. 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A	5	o. <b>Manda</b>	atory contributions for retirement plans	5b.	\$		\$			
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8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income.			· · · · · · · · · · · · · · · · · · ·		· —		\$			_
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8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: 8f. \$0.00 \$ N/A 8d. Pension or retirement income 8d. \$0.00 \$ N/A 8d. Pension or r		a. <b>Net ind profes</b> Attach receipt	come from rental property and from operating a business, sion, or farm a statement for each property and business showing gross is, ordinary and necessary business expenses, and the total							
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 3,561.00  Combined monthly income.			•		·		· ·			
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.					\$	0.00	\$		N/A	_
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$N/A  Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.	8	regula Include	rly receive e alimony, spousal support, child support, maintenance, divorce		\$	0.00	\$		N/A	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. ** 0.00  Combined monthly income.  Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. **Specify:** 11. ** 12. ** 3,561.00  Combined monthly income.  Do you expect an increase or decrease within the year after you file this form?	8						<u>\$</u> —			_
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ N/A  9. Add all other income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.							\$			
8h. Other monthly income. Specify:  8h. + \$ 0.00 + \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00   \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 3,561.00 Combined monthly income.  No.	8	Include that yo Nutritio	e cash assistance and the value (if known) of any non-cash assistance ou receive, such as food stamps (benefits under the Supplemental on Assistance Program) or housing subsidies.		\$	0.00	\$		N/A	_
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 3,561.00  Combined monthly income  No.	8	g. <b>Pensi</b> o	on or retirement income	 8g.	\$	0.00	\$		N/A	-
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?	8	n. Other	monthly income. Specify:	8h.+	\$	0.00	+ \$		N/A	_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.	9. <b>A</b>	dd all othe	r income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		N/A	A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.	10. <b>C</b>	alculate me	onthly income. Add line 7 + line 9.	10. \$	3	3.561.00 + \$		N/A	= \$	3.561.00
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  12. \$ 3,561.00  Combined monthly income  No.						-			-	
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{3,561.00}{\text{Combined}}\$  13. Do you expect an increase or decrease within the year after you file this form?  No.	11. <b>S</b> Ir o	tate all other clude contractions ther friends o not include	er regular contributions to the expenses that you list in Schedule ibutions from an unmarried partner, members of your household, your or relatives.	depen	•	•			_	0.00
monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	V	/rite that am						12.	<u> </u>	3,561.00
13. Do you expect an increase or decrease within the year after you file this form?  No.										
	13. <b>D</b>		ect an increase or decrease within the year after you file this form	?						
	-		Evoloin							

= iII	in this informs	ation to identify yo	our caca:			I				
	111 11115 1111011116	ation to identity yo	our case.							
Deb	tor 1	Charles Bur	ton Knigl	nt			neck if t			
Deb	tor 2							mended filing	ving postpetition cha	nter
	ouse, if filing)								the following date:	ιρισι
			001171	150N BIOTBIOT OF MICO	001001			/55 /200/		
Unit	ed States Bank	ruptcy Court for the	: SOUTE	IERN DISTRICT OF MISS	SSIPPI		MM.	/ DD / YYYY		
	nown)	7-01550								
Of	fficial Fo	orm 106J								
Sc	chedule	J: Your	Exper	ises						12/15
Be info	as complete ormation. If n mber (if know	and accurate as nore space is ne n). Answer eve	s possible eded, atta ry questio	If two married people ar						
Par 1.	t 1: Desc Is this a joi	ribe Your House	ehold							
١.										
	■ No. Go to		!n a aanar	ata haysahald?						
		es Debtor 2 live	ın a separ	ate nousenoid?						
			et file Offici	al Form 106J-2, <i>Expenses</i>	for Sanarata House	shold of D	obtor 2			
	ш,	es. Debiol 2 mus	St life Offici	airoilli 1005-2, Experises	Tor Separate House	eriola di Di	ebioi 2.	•		
2.	Do you hav	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	the							□ No	
	dependents	names.							☐ Yes	
									□ No	
									☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ No☐ Yes	
3.	expenses d	penses include of people other t od your depende	:han $_{oldsymbol{\square}}$	No Yes					1 163	
		nate Your Ongoi								
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp						
the	value of suc	h assistance an		government assistance it cluded it on <i>Schedule I:</i> Y				Your expe	enses	
(Un	ficial Form 10	.,								
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage		\$		300.00	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
		erty, homeowner's				4b.	· : —		0.00	
			•	ipkeep expenses		4c.			0.00	
5.		eowner's associa		dominium dues <b>our residence,</b> such as ho	me equity loons	4d.	\$ \$		0.00	
J.	Auditiolidi	o. igage payiii	onto for yo	on residence, such as no	no equity idalis	5.	Ψ		0.00	

Debt	Or 1 Charles Burton Knight	Case num	ber (if known)	17-01550
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	226.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	316.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	360.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	88.00
	Personal care products and services	10.	\$	36.00
11.	Medical and dental expenses	11.	\$	300.00
	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	410.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	170.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify: Car Tag	16.	\$	9.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: Real Estate License Renewal	17c.	\$	110.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as			<del></del>
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
	Other real property expenses not included in lines 4 or 5 of this form or on Sche			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	· -	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	· -	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22	Coloulate value monthly evenence			
22.	Calculate your monthly expenses		•	0.005.00
	22a. Add lines 4 through 21.		\$	2,325.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,325.00
23	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,561.00
	23b. Copy your monthly expenses from line 22c above.	23b.	·	2,325.00
	23b. Copy your monthly expenses from line 22c above.	250.	Ψ	2,323.00
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	1,236.00
			L	
24.	Do you expect an increase or decrease in your expenses within the year after yo	u file this	form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect your			ease or decrease because of a
	For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			ease or decrease because of a
	For example, do you expect to finish paying for your car loan within the year or do you expect your			ease or decrease because of a

Fill in this infor	mation to identify your	case:			
Debtor 1	Charles Burton K	night			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT O	F MISSISSIPPI		
Case number	17-01550				
(if known)					Check if this is an amended filing
	tion About a	n Individual I			12/15
obtaining mone years, or both. 1		connection with a bankru			ment, concealing property, or 0, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attorne	y to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				cruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the summa	ary and schedules filed	d with this declaratio	n and
X /s/ Cha	arles Burton Knight		X		
Charle	es Burton Knight ure of Debtor 1		Signature of I	Debtor 2	
Date	May 22, 2017		Date		

Fill in this info	rmation to identify you	r caso:			
Debtor 1	Charles Burton				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT O	DF MISSISSIPPI		
Case number	17-01550				
(if known)	17 01000			_	Check if this is an
					amended filing
Official Fo	orm 107				
		Affairs for Individ	duals Filing for B	ankruptcy	4/16
information. If number (if know	more space is needed, vn). Answer every que		this form. On the top of an		
		arital Status and Where You	Lived Before		
1. What is yo	ur current marital statu	ıs?			
☐ Marrie					
■ Not ma					
2. During the	last 3 years, have you	lived anywhere other than v	where you live now?		
□ No ■ You I	ist all of the places you l	lived in the last 3 years. Do no	ot include where you live now	,	
		·	,		Datas Dahtan 2
Deptor 1 F	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	laress:	Dates Debtor 2 lived there
	t Northside Drive , MS 39211	From-To: April 2012 to December 201	☐ Same as Debtor	ı	☐ Same as Debtor 1 From-To:
states and territor  No Yes. M  Part 2 Expla  4. Did you ha Fill in the to	Pries include Arizona, Ca Make sure you fill out Sch ain the Sources of You we any income from er tal amount of income yo	ver live with a spouse or leg ulifornia, Idaho, Louisiana, New thedule H: Your Codebtors (Of ur Income mployment or from operating the received from all jobs and a have income that you receive	vada, New Mexico, Puerto R ificial Form 106H).  g a business during this yould businesses, including part	ico, Texas, Washington and Very sear or the two previous cale time activities.	Visconsin.)
□ No					
Yes. F	ill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$31,726.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1 Cl	harles Bur	ton Knight			Cas	e number (if known)	17-01550	)
				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	Gross in (before d exclusion	eductions and	Sources of incommendation Check all that approximately		Gross income (before deductions and exclusions)
		ndar year: December	31, 2016 )	■ Wages, commissions, bonuses, tips		\$70,397.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business			☐ Operating a I	ousiness	
		dar year be December		■ Wages, commissions, bonuses, tips		\$67,813.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business			☐ Operating a l	ousiness	
				■ Wages, commissions, bonuses, tips		\$9,100.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business			Operating a l	ousiness	
	■ No □ Yes.	Fill in the de	etails.	Debtor 1 Sources of income	Gross in	come from	Debtor 2 Sources of inco	ome	Gross income
				Debtor 1 Sources of income Describe below.	each so		Debtor 2 Sources of inco Describe below.		Gross income (before deductions
					exclusion	eductions and is)			and exclusions)
Par	t 3: Lis	t Certain Pa	ayments You	Made Before You Filed for	· Bankruptcy	,			
6.	Are eithe ☐ No.	Neither D individual  During the	ebtor 1 nor E primarily for a 90 days befo	's debts primarily consume Debtor 2 has primarily consume personal, family, or househo per you filed for bankruptcy, di	sumer debts. old purpose."				1(8) as "incurred by an
		□ <sub>No.</sub> □ <sub>Yes</sub>	Go to line 7		-:-! - 4-4-! -£ (1	20.405*			h - t-t-l
			paid that cr not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the	ents for dome this bankrupt	stic support oblic cy case.	gations, such as ch	ild support a	and alimony. Also, do
	<b>-</b> v	•	•	t on 4/01/19 and every 3 year		or cases liled on	or after the date of	adjustment	
	■ Yes.			or both have primarily consumer you filed for bankruptcy, di		ny creditor a tota	I of \$600 or more?		
		■ No.	Go to line 7						
		□ <sub>Yes</sub>	include pay	each creditor to whom you pai ments for domestic support o this bankruptcy case.					
	Creditor	's Name an	d Address	Dates of payme	ent T	otal amount	Amount you	Was this p	payment for

Deb	otor 1	Charles Burton Knight		Cas	se number (if known)	17-01550	
7.	Inside of whi	n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	rtners; relatives of any ge control, or owner of 20%	neral partners; partners or more of their voting	erships of which yo g securities; and ar	u are a general ny managing ag	partner; corporations ent, including one for
		No					
		Yes. List all payments to an insider.	Dates of maximum	Total amazint	A	Danaan fan ti	-1
	insic	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	nis payment
В.	inside	n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos		yments or transfer a	any property on a	ccount of a deb	ot that benefited an
	_	No					
		Yes. List all payments to an insider	<b>5</b>			5 ( 1)	
	Insic	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credite	
Par	t 4:	Identify Legal Actions, Repossession	s. and Foreclosures				
	modif	Il such matters, including personal injury ications, and contract disputes.  No Yes. Fill in the details.	cases, small claims action	ns, divorces, collectic	on suits, paternity a	ctions, support o	or custody
		e title e number	Nature of the case	Court or agency		Status of the	case
10.	Check	n 1 year before you filed for bankrupto k all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		perty repossessed, f	foreclosed, garnis	hed, attached,	seized, or levied?
	Cred	litor Name and Address	Describe the Property		Date		Value of the
			Explain what happene	ed			property
11.	accor	n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.		cluding a bank or fii	nancial institution	, set off any an	nounts from your
		litor Name and Address	Describe the action th	e creditor took		action was	Amount
12.		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		perty in the possess	taken		it of creditors, a
		No					
		Yes					
Par	t 5:	List Certain Gifts and Contributions					
13.	_	<b>n 2 years before you filed for bankrup</b> No	tcy, did you give any gif	ts with a total value	of more than \$60	0 per person?	
		Yes. Fill in the details for each gift.					
		s with a total value of more than \$600 person	Describe the gifts	S	Dates the gi	you gave fts	Value
		on to Whom You Gave the Gift and					

Official Form 107

Deb	btor 1 Charles Burton Knight			Case number (if i	known) 17-01550	
1.1	Within 2 years before you filed for bankru	ntov did vou a	ivo any gifts or contribution	se with a total s	value of more than	\$600 to any charity?
14.	No	picy, did you g	ive any gins or contribution	is with a total v	raide of more man	Tool to any chanty:
	Yes. Fill in the details for each gift or co	ntribution.				
	Gifts or contributions to charities that to		be what you contributed		Dates you	Value
	more than \$600	2000.1			contributed	1 4.40
	Charity's Name Address (Number, Street, City, State and ZIP Code)					
Par	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankrup or gambling?	tcy or since yo	u filed for bankruptcy, did y	ou lose anythi	ng because of thef	t, fire, other disaster,
	■ No					
	Yes. Fill in the details.					
		Describe anv ir	surance coverage for the lo	oss	Date of your	Value of property
	how the loss occurred	Include the amo	unt that insurance has paid. Less on line 33 of Schedule A/B:	ist pending	loss	lost
	List Contain Downsonts on Transfers					
Par	rt 7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition pr	reparing a ban	kruptcy petition?			rty to anyone you
	п					
	No					
	Yes. Fill in the details.					
	Person Who Was Paid Address	Descri transfe	ption and value of any prop erred		Date payment or transfer was	Amount of payment
	Email or website address				made	, ,
	Person Who Made the Payment, if Not Yo		00 A44			£400.00
	Gadow Tyler PLLC 511 East Pearl Street		00 Attorney Fee 00 Court Filing Fee			\$126.00
	Jackson, MS 39201	40.000	,			
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that the No  Yes. Fill in the details.	itors or to make	e payments to your creditor		transfer any prope	rty to anyone who
	Person Who Was Paid	Descri	ption and value of any prop	erty	Date payment	Amount of
	Address	transfe		-	or transfer was made	payment
18.	Within 2 years before you filed for bankru	ptcy, did you s	ell, trade, or otherwise trans	sfer any propei	rty to anyone, othe	r than property
	transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre	made as securit	y (such as the granting of a se	ecurity interest o	or mortgage on your	property). Do not
	Yes. Fill in the details.					
	Person Who Received Transfer	Descri	ption and value of	Describe an	y property or	Date transfer was
	Address		ty transferred	payments re	eceived or debts	made
	Person's relationship to you			paid in exch	nange	
	Stephen Parks	Sold a	house, lot and certain	\$155,000.0	0	December 2015
	1317 East Northside Drive		hold furnishings	ψ.100,000.0	~	2000111301 2010
	Jackson, MS 39211	locate	d at 1317 East			
	none	Missis	side Drive, Jackson, ssippi 39211 for 000.00.			

Debtor 1 Charles Burton Knight

Case number (if known) 17-01550

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)									
	No									
	☐ Yes.	Fill in the details.								
	Name of	trust	Description and	value of the pro	perty trans	sferred	Date Tran	isfer was		
Pai	t 8: Lis	t of Certain Financial Accounts, Ir	nstruments, Safe Depos	sit Boxes, and St	torage Unit	ts				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.									
	■ No									
	☐ Yes.	Fill in the details.								
			Last 4 digits of account number			Date account was closed, sold, moved, or transferred		t balance closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)			Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		ı still ?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No									
	☐ Yes.	Fill in the details.								
		Storage Facility (Number, Street, City, State and ZIP Code)	to it?	to it? Address (Number, Street, City,		Describe the contents		ı still ?		
Pai	t 9: Ide	ntify Property You Hold or Contro	ol for Someone Else							
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.									
	■ No □ Yes. Fill in the details.									
	Owner's Address	Name (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property		Value		
Pai	t 10: Giv	e Details About Environmental In	formation							
For	the purpo	se of Part 10, the following definit	tions apply:							
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or									

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1	Charles	<b>Burton</b>	Knight
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Case number (if known) 17-01550

24.	Has	any governmental unit notified you that	der or in violation of an environm	ental law?						
		■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice				
25.										
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and		Date of notice				
26.	Hav	e you been a party in any judicial or adn	ninistrative proceeding under any envi	iron	mental law? Include settlements	and orders.				
		No Yes. Fill in the details.								
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case				
Par	t 11:	Give Details About Your Business or	Connections to Any Business							
27.	With	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership								
		☐ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.									
		siness Name dress	escribe the nature of the business		Employer Identification number Do not include Social Security number or ITIN					
		nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed					
28.		Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	■ No									
		Yes. Fill in the details below.								
		me dress nber, Street, City, State and ZIP Code)	Date Issued							

17-01550-ee Dkt 11 Filed 05/22/17 Entered 05/22/17 09:25:05 Page 35 of 52

Debto	Charles Burton	Knight	Case number (if known)	17-01550	
Part 1	2: Sign Below				
are tru with a	e and correct. I under	his Statement of Financial Affairs and any att stand that making a false statement, conceali result in fines up to \$250,000, or imprisonmer and 3571.	ing property, or obtaining money or	, , , ,	
/s/ Ch	narles Burton Knigh	t			
	les Burton Knight ture of Debtor 1	Signature of De	btor 2		
Date	May 22, 2017	Date			
Did yo	u attach additional pag	ges to Your Statement of Financial Affairs for	r Individuals Filing for Bankruptcy ((	Official Form 107)?	
■ No	•			•	
☐ Yes	;				
Did yo	u pay or agree to pay	someone who is not an attorney to help you f	ill out bankruptcy forms?		
■ No					
П Удс	Name of Person	Attach the Rankruntov Petition Preparer's No	tice Declaration and Signature (Offici	al Form 119)	

Fill in this information to identify your case:							
Debtor 1	Charles Burton Knight						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Southern District of Mississippi							
Case number (if known)	17-01550						

Check	Check as directed in lines 17 and 21:								
1	ording to the calculations required by this ement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

☐ Check if this is an amended filing

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

uuu	ional pagoo, milo your namo ana oaco nambor (ii i							
Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	only.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11							
10 th	Il in the average monthly income that you received from a property of the first of the first on September 15, the 6-se 6 months, add the income for all 6 months and divide the toth ouses own the same rental property, put the income from that	month per al by 6. Fill	iod would I in the re	l be March 1 throu sult. Do not includ	ıgh Augu le any in	ust 31. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
					Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissi	ons (before all	\$	5,044.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e paymeı	nts from	a spouse if	\$	0.00	\$	
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.				r contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	ırm \$ _	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor						
	Gross receipts (before all deductions)	\$_	0.00					
	Ordinary and necessary operating expenses	<b>-</b> \$	0.00		•	0.00	•	
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

ebtor 1	Charles Burton Knight			Case numbe	r (if known)	17-01550		
				Column A Debtor 1		Column B Debtor 2 c non-filing		
7. <b>I</b> n	terest, dividends, and royalties			\$	0.00	\$		
8. <b>U</b> ı	nemployment compensation			\$	0.00	\$		
	o not enter the amount if you contend that e Social Security Act. Instead, list it here:		nefit unde	er				
	For your spouse	\$	0.00					
	For your spouse	\$						
	ension or retirement income. Do not income the social Security Act.	clude any amount received that	was a	\$	0.00	\$		
De re de	come from all other sources not listed to not include any benefits received under ceived as a victim of a war crime, a crime emestic terrorism. If necessary, list other tal below.	the Social Security Act or payme against humanity, or internation	nents nal or					
				\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate page	es, if any.	+	- \$	0.00	\$		
	alculate your total average monthly income column. Then add the total for Column		s	5,044.00	+ \$_		=\$_	5,044.00
12. <b>C</b> c 13. <b>C</b> c	opy your total average monthly income alculate the marital adjustment. Check	e from line 11. one:					\$	5,044.00
_	You are not married. Fill in 0 below.							
		•						
	You are married and your spouse is n Fill in the amount of the income listed dependents, such as payment of the s	in line 11, Column B, that was N	NOT regul se's suppo	arly paid for th	ne housel e other th	hold expense an vou or vou	s of you o	or your lents.
	Below, specify the basis for excluding adjustments on a separate page.							
	If this adjustment does not apply, ente	er 0 below.						
			_ \$_					
			\$_ +\$					
			<b>T</b> \$		_			
	Total		\$_	0.0	<u> </u>	py here=>		0.00
14. Y	our current monthly income. Subtract	t line 13 from line 12.					\$	5,044.00
15. <b>(</b>	Calculate your current monthly income	e for the year. Follow these ste	ps:					
	Fac Carrilla AA barra						\$	5,044.00
	Multiply line 15a by 12 (the number						X	12
1	5b. The result is your current monthly in	ncome for the year for this part o	of the form	1			\$	60,528.00

Debt	or 1	Charles Burton Knight		Case number (if known)	17-01550
16	. Cal	culate the median family income that applies to y	ou. Follow these step	s:	
	16a	. Fill in the state in which you live.	MS		
	16h	. Fill in the number of people in your household.	1		
		Fill in the median family income for your state and			¢ 37,051.00
		To find a list of applicable median income amounts instructions for this form. This list may also be available.	s, go online using the I		φ
17		v do the lines compare?			
	17a	Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N			
	17b	<ul> <li>Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a</li> </ul>	lation of Your Dispo		
Par	t 3:	Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	by your total average monthly income from line 1	1		\$\$
19.	con	<b>luct the marital adjustment if it applies.</b> If you are tend that calculating the commitment period under 1 use's income, copy the amount from line 13.	married, your spouse 1 U.S.C. § 1325(b)(4)	is not filing with you, and you allows you to deduct part of yo	our
	19a	. If the marital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00
	19b	. Subtract line 19a from line 18.			\$5,044.00
20.	Cal	culate your current monthly income for the year.	Follow these steps:		
	20a	. Copy line 19b			\$5,044.00
		Multiply by 12 (the number of months in a year).			<b>x</b> 12
	20b	. The result is your current monthly income for the y	ear for this part of the	form	\$ 60,528.00
	20c	. Copy the median family income for your state and	size of household fron	n line 16c	\$ 37,051.00
	21.	How do the lines compare?			
		Line 20b is less than line 20c. Unless otherwi	se ordered by the cou	t, on the top of page 1 of this f	orm, check box 3, The commitment
		period is 3 years. Go to Part 4.	tara athamatar and an	d by the country of the ten of a	and a Citize Common about how A. The
		Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	liess otherwise ordere	d by the court, on the top of pa	ge 1 of this form, check box 4, The
Par	t 4:	Sign Below			
	Ву	signing here, under penalty of perjury I declare that t	he information on this	statement and in any attachme	ents is true and correct.
)	<b>(</b> /s	Charles Burton Knight			
	CI	narles Burton Knight			
		gnature of Debtor 1  • May 22, 2017			
		MM / DD / YYYY			
	If yo	ou checked 17a, do NOT fill out or file Form 122C-2.			
	If yo	ou checked 17b, fill out Form 122C-2 and file it with the	his form. On line 39 of	that form, copy your current n	nonthly income from line 14 above.

Debtor 1 Charles Burton Knight Case number (if known) 17-01550

### **Current Monthly Income Details for the Debtor**

### **Debtor Income Details:**

Income for the Period 10/01/2016 to 03/31/2017.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: stewart irby

T	1	1/	41
Income	IJν	IVIO	nun:

6 Months Ago:	10/2016	\$4,656.00
5 Months Ago:	11/2016	\$4,656.00
4 Months Ago:	12/2016	\$6,984.00
3 Months Ago:	01/2017	\$4,656.00
2 Months Ago:	02/2017	\$4,656.00
Last Month:	03/2017	\$4,656.00
	Average per month:	\$5,044.00

Fill in this information to identify your case:	
Debtor 1 Charles Burton Knight	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Southern District of Mississippi	
Case number (if known) 17-01550	☐ Check if this is an amended filing
Official Form 122C-2 Chapter 13 Calculation of Your Disposable I	ncome 04/16
To fill out this form, you will need your completed copy of Chapter 13 Statem Commitment Period (Official Form 122C-1).	ent of Your Current Monthly Income and Calculation of
Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known).  Part 1: Calculate Your Deductions from Your Income	
The Internal Revenue Service (IRS) issues National and Local Standards for the questions in lines 6-15. To find the IRS standards, go online using the information may also be available at the bankruptcy clerk's office.	
Deduct the expense amounts set out in lines 6-15 regardless of your actual expenses if they are higher than the standards. Do not include any operating ex 122C–1, and do not deduct any amounts that you subtracted from your spouse'	penses that you subtracted from income in lines 5 and 6 of Form
If your expenses differ from month to month, enter the average expense.	
Note: Line numbers 1-4 are not used in this form. These numbers apply to infor	nation required by a similar form used in chapter 7 cases.
5. The number of people used in determining your deductions from inco	me
Fill in the number of people who could be claimed as exemptions on your folial plus the number of any additional dependents whom you support. This nurthe number of people in your household.	
National Standards You must use the IRS National Standards to ans	wer the questions in lines 6-7.
<ol> <li>Food, clothing, and other items: Using the number of people you entere Standards, fill in the dollar amount for food, clothing, and other items.</li> </ol>	d in line 5 and the IRS National \$
7. <b>Out-of-pocket health care allowance:</b> Using the number of people you e the dollar amount for out-of-pocket health care. The number of people is speople who are 65 or older-because older people have a higher IRS allow higher than this IRS amount, you may deduct the additional amount on line	olit into two categoriespeople who are under 65 and ance for health car costs. If your actual expenses are

Official Form 122C-2

17-01550

Case number (if known)

Peo	nle v	vho are under 65 years of age						
. 00	-		œ	<b>5</b> 4				
		Out-of-pocket health care allowance per person	» —	54				
		Number of people who are under 65	х -	1				
	7c.	Subtotal. Multiply line 7a by line 7b.	\$	54.00	Copy here=>	\$	54.00	
Peo	ple v	vho are 65 years of age or older						
	7d.	Out-of-pocket health care allowance per person	\$	130				
	7e.	Number of people who are 65 or older	X	0				
	7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=>	\$	0.00	
	7g.	<b>Total.</b> Add line 7c and line 7f		\$	54.00	Сору	total here=>	\$54.00_
Loc	al St	andards You must use the IRS Local Standards to	to answe	er the questions in	lines 8-15.			
		n information from the IRS, the U.S. Trustee Proຸ tcy purposes into two parts:	gram h	as divided the IRS	S Local Standard	for hous	ing for	
<b>=</b> 1	lous	ing and utilities - Insurance and operating expen	ises					
■ ŀ	lous	ing and utilities - Mortgage or rent expenses						
To a	answ	er the questions in lines 8-9, use the U.S. Truste	e Prog	uam abaut Ta find		lina uain	a. 4la a. Ii.a.la a	
	arate Hou	e instructions for this form. This chart may also busing and utilities - Insurance and operating expense dollar amount listed for your county for insurance	oe avail enses:	able at the bankru Using the number	uptcy clerk's offi	ce.	_	404.00
sep	arate Hou in th	using and utilities - Insurance and operating expe	oe avail enses:	able at the bankru Using the number	uptcy clerk's offi	ce.	_	
<b>sep</b> 8.	Hou in th	using and utilities - Insurance and operating expense dollar amount listed for your county for insurance	be avail enses: and ope	able at the bankru Using the number erating expenses.	uptcy clerk's offi	ce.	_	
<b>sep</b> 8.	arate Hou in th Hou 9a.	using and utilities - Insurance and operating expense dollar amount listed for your county for insurance using and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, for the sumber of people you entered in line 5, for the sumber of people you entered in line 5, for the sumber of people you entered in line 5, for the sumber of people you entered in line 5, for the sum of the su	be avail enses: and ope fill in the	able at the bankru Using the number erating expenses. e dollar amount	uptcy clerk's offi of people you ent	ce. ered in lind	e 5, fill \$_	
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<b>sep</b> 8.	arate Hou in th Hou 9a.	using and utilities - Insurance and operating experience dollar amount listed for your county for insurance rusing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, for listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages at To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.  Name of the creditor	fill in the es. and other dd all ar o month	able at the bankru Using the number erating expenses.  e dollar amount  er debts secured by mounts that are as after you file  Average monthly payment	uptcy clerk's office of people you enter of people you enter of people you enter of people your home.	ce. ered in line \$	e 5, fill \$	404.00  Repeat this amount
<b>sep</b> 8.	arate Hou in th Hou 9a.	using and utilities - Insurance and operating experience dollar amount listed for your county for insurance rusing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, for listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages at a To calculate the total average monthly payment, and contractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-	fill in the es. and other dd all ar 0 month	able at the bankru Using the number erating expenses.  e dollar amount  er debts secured by mounts that are as after you file  Average monthly payment  0.00	uptcy clerk's office of people you enter of people you enter of people you enter of people your home.	ce. ered in line \$	e 5, fill \$	Repeat this amount on line 33a.
<b>sep</b> 8.	arate Hou in the Hou 9a.  9b.	using and utilities - Insurance and operating experience dollar amount listed for your county for insurance ausing and utilities - Mortgage or rent expenses:  Using the number of people you entered in line 5, for listed for your county for mortgage or rent expenses.  Total average monthly payment for all mortgages at a Total average monthly payment for all mortgages at Total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60.  Name of the creditor  -NONE-  9b. Total average monthly payment Net mortgage or rent expense.  Subtract line 9b (total average monthly payment) for	fill in the es. and other of the month of the ter \$0.	able at the bankru Using the number erating expenses.  e dollar amount er debts secured by mounts that are after you file  Average monthly payment  9 0.00  1 9 9 (mortgage)	uptcy clerk's office of people you entered by your home.  Copy here=> -	\$\$	e 5, fill \$	Repeat this amount on line 33a.

**Charles Burton Knight** 

Debtor 1

17-01550

Case number (if known)

11.	Local transportation expenses: Check the number of veh	icles for which you claim	an ownersh	ip or operatin	g expense.	
	☐ 0. Go to line 14.					
	☐ 1. Go to line 12.					
	2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standard operating expenses, fill in the Operating Costs that apply fo					440.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loar more than two vehicles.					
Ve	hicle 1 Describe Vehicle 1: 2013 GMC Sierra					
13a	. Ownership or leasing costs using IRS Local Standard		\$	471.00		
13b	. Average monthly payment for all debts secured by Vehicle	1.				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 months bankruptcy. Then divide by 60.		at			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Ally Financial	\$ 472.98				
	Total Average Monthly Payment	\$ 472.98	Copy here =>	-\$47	Repeat this amount on line 33b.	
13c.	. Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$	60, enter \$0	. \$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2:				_	
13d.	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e.	. Average monthly payment for all debts secured by Vehicle : leased vehicles.	2. Do not include costs fo				
	Name of each creditor for Vehicle 2	Average monthly payment				
	-NONE-	\$				
	Total average monthly payment	\$	Copy here => -\$ _	0.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense		_		Copy net	
	Subtract line 13e from line 13d. if this number is less than \$	0, enter \$0	. \$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of				in the	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Tran</i>	what you believe is the ap				0.00

**Charles Burton Knight** 

Debtor 1

17-01550

Case number (if known)

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1,163.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 291.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 0.00 of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. **Education:** The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 0.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 50.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. \$ 3,795.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 29.00 Disability insurance 0.00 Health savings account 0.00 Total 29.00 29.00 Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

**Charles Burton Knight** 

Debtor 1

	Charles Burton Knight		Case number (if know	wn)	17-015	50		
28.	Additional home energy costs. Your hom line 8.	e energy costs are included in your insu	urance and operation	ng exp	enses o	n		
	If you believe that you have home energy of 8, then fill in the excess amount of home er		y costs included in	expe	nses on	line		
	You must give your case trustee document amount claimed is reasonable and necessary		must show that the	additi	ional		\$	0.0
29.	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.					or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you not already accounted for in lines 6-23.	must explain why tl	he am	ount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on	or after the date of	of adju	stment.		\$	0.0
30.	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standar						
	To find a chart showing the maximum addit instructions for this form. This chart may also			eparate	е			
	You must show that the additional amount	claimed is reasonable and necessary.					\$	0.0
31.	Continuing charitable contributions. The instruments to a religious or charitable organization.		oute in the form of o	cash c	or financ	ial		
	Do not include any amount more than 15%	of your gross monthly income.				_	\$	0.0
32.	Add all of the additional expense deduct Add lines 25 through 31.	tions.					\$	29.00
Ded	uctions for Debt Payment							
33. I	For debts that are secured by an interest	in property that you own, including he	ome mortgages.	vehicl	le			
ı	pans, and other secured debt, fill in lines	33a through 33e.						
	o calculate the total average monthly paym reditor in the 60 months after you file for ba		ally due to each sec	cured				
	Mortgages on your home						verage aymen	e monthly
33a.	Copy line 9b here				=:		S	0.00
	Loans on your first two vehicles							
33b.					=:	> \$	3	472.98
33c.	Copy line 13e here				=:	> \$		0.00
33d.	List other secured debts							
	e of each creditor for other secured debt	Identify property that secures the deb	i	nclude	payment e taxes irance?			
			ı	N	lo			
	Fidelity Investments	401(k): Fidelity Loan	ı	_	'es	\$		217.67
				_		Ψ		
	Sheffield Financial	Zero Turn Mower	Ī	_	lo 'es	\$		77.38
	Sheffield Financial	Zero Turn Mower	I	■ Y	'es	\$		77.38
	Sheffield Financial YAMAHA CREDIT	Zero Turn Mower  Club Car Golf Cart		■ Y		\$		77.38
				■ Y	es lo es			

ebtor 1	Cha	ries Burton Knight			Cas	se number	(if known) 17	′-01550		
		debts that you listed in line property necessary for you				е,				
	No	Go to line 35.								
		State any amount that you listed in line 33, to keep por Next, divide by 60 and fill in	ssession of your property							
Nam	e of the	creditor	Identify property that se	cures the del	ot	Total c	ure amount		onthly cu	re
-NC	NE-				\$			÷60 = \$		
					Total	\$	0.00	Copy total here=>	\$	0.00
		owe any priority claims - su due as of the filing date of				hat				
	□ No.	Go to line 36.								
	Yes.	Fill in the total amount of all ongoing priority claims, suc			de current or					
		Total amount of all past-de	ue priority claims			\$	1,038.00	÷ 60	\$	17.30
36. <b>P</b>	rojecte	d monthly Chapter 13 plan	payment			\$		_		
O th To	Office of ne Exec o find a li	nultiplier for your district as s the United States Courts (for utive Office for United States ist of district multipliers that inclu nstructions for this form. This list	r districts in Alabama and Trustees (for all other di des your district, go online u	North Carol stricts). sing the link sp	lina) or by	x		7		
Α	verage	monthly administrative expe	nse			\$_		Copy total		
		of the deductions for debtes 33e through 36.	payment.						\$	847.40
Total	Deduc	tions from Income								
38. <b>A</b>	dd all d	of the allowed deductions.								
	expens	ne 24, All of the expenses all e allowances			3,795.00	0				
		ne 32, All of the additional ex			29.00	<u> </u>				
(	Copy lir	ne 37, All of the deductions fo	or debt payment	+\$	847.40	<u> </u>				
	Total de	eductions		\$	4,671.40	o c	py total here=	> \$	3	4,671.40

Debtor 1	Charles Burto	n Knight		Ca	se number (if known)	17-01550	
Part 2:	Determine You	ır Disposable Income Under 11	I U.S.C. § 1325(b)(	2)			
		rent monthly income from line Current Monthly Income and C				\$	5,044.00
<b>ch</b> dis red	ildren. The month ability payments for seived in accordan	ly necessary income you rece ly average of any child support p or a dependent child, reported in ce with applicable nonbankrupto ended for such child.	eayments, foster car Part I of Form 1220	re payments, or C-1, that you	\$	0.00	
em in	ployer withheld fro	etirement deductions. The monom wages as contributions for quit(7) plus all required repayments . § 362(b)(19).	alified retirement pl	lans, as specified	\$	0.00	
42. <b>To</b>	tal of all deductio	ons allowed under 11 U.S.C. § 7	<b>707(b)(2)(A).</b> Copy	line 38 here=	> \$4	,671.40	
exp the	penses and you ha	ial circumstances. If special circave no reasonable alternative, demust give your case trustee a de ocumentation for the expenses.	escribe the special of	circumstances ar	nd		
Descri	ibe the special ci	rcumstances		Amount of exp	ense		
			\$				
			\$				
			\$				
			Total \$	0.00	Copy here=> \$	0.00	
44. <b>To</b>	tal adjustments.	Add lines 40 through 43		=> [	\$4,671.	Copy here=> -\$	4,671.40
45. <b>Ca</b>	lculate your mon	thly disposable income under	§ 1325(b)(2). Subtr	ract line 44 from	line 39.	\$	372.60
Part 3:	Change in Inco	ome or Expenses					
rep you bel 12:	ported in this form our bankruptcy petit low. For example, 2C-1 in the first co	or expenses. If the income in Fo have changed or are virtually certion and during the time your case if the wages reported increased lumn, enter line 2 in the second on the increase occurred, and fill in	rtain to change afte e will be open, fill ir after you filed your column, explain wh	r the date you file the information petition, check y the wages	ed		
Form	Line	Reason for change		Date of change	Increase o decrease?		of change
☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220	C-2 C-1 C-2 C-1 C-2				Increas Decreas Increas Decreas Decreas Decreas Increas	se \$ e \$ e \$ e	

Debtor 1	Charles Burton Knight	Case number (if known)	17-01550
	-		
Part 4:	Sign Below		
	By signing here, under penalty of perjury you declare that the in	nformation on this statement and in any att	achments is true and correct.
		ŕ	
×	/s/ Charles Burton Knight		
	Charles Burton Knight	-	
	Signature of Debtor 1		
Date	May 22, 2017		
	MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Southern District of Mississippi

In re	Charles Burton Knight		Case No.	17-01550			
		Debtor(s)	Chapter	13			
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	RNEY FOR DE	BTOR(S)			
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	3,400.00			
	Prior to the filing of this statement I have received	l	\$	0.00			
	Balance Due		\$	3,400.00			
2.	310.00 of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4. ′	The source of compensation to be paid to me is:						
	☐ Debtor ☐ Other (specify): Chap	oter 13 Trustee					
5.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are memb	pers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na						
6.	In return for the above-disclosed fee, I have agreed to a	render legal service for all aspects	s of the bankruptcy ca	ase, including:			
1	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credit. [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on he	atement of affairs and plan which tors and confirmation hearing, an reduce to market value; exe ons as needed; preparation	may be required; d any adjourned hear emption planning;	ings thereof; preparation and filing of			
7.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any disany other adversary proceeding.			es, relief from stay actions or			
		CERTIFICATION					
	certify that the foregoing is a complete statement of a ankruptcy proceeding.	ny agreement or arrangement for	payment to me for re	presentation of the debtor(s) in			
N	lay 22, 2017	/s/ Blake Tyler					
Date		Blake Tyler					
		Signature of Attorney Gadow Tyler PLL					
		511 East Pearl Str	eet				
		Jackson, MS 3920					
		601-355-0654 Fax btyler@pgtlaw.co					
		Name of law firm	1111				
		J J .					